

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000095252**

1. Entity Name
Steele Marketing Inc.

FILED

02 SEP 16 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
840 NW 21ST Way
Suite, Apt. #, etc.

3. Mailing Address
SAME as #2
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Delray Beach, FL
Zip
33445 Country
USA

City & State
Zip
Country

4. FEI Number
65-09604598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **EVELYN LESSNER**
Street Address / P.O. Box Number is Not Acceptable
3115 SOUTH OCEAL BOULEVARD #701
~~HIGHLAND BEACH~~
HIGHLAND BEACH FL Zip Code **33487**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Evelyn Lessner**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/11/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so: ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT (P)**
NAME **Michele Steele**
STREET ADDRESS **840 NW 21ST Way**
CITY-ST-ZIP **Delray Beach, FL 33445**

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******\$85.00 ****\$50.00**

**DO NOT WRITE
IN THIS SPACE**

T. Lewis 9/16/02

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michele Steele, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/02 561)243-8919
Date Daytime Phone #

CR2E034B (12/01)